DURHAM COUNTY BOARD OF ELECTIONS



NOTICE OF CANDIDACY FOR MAYOR AND CITY COUNCIL 2005

TO THE DURHAM COUNTY BOARD OF ELECT	IONS:
I hereby file notice as a candidate for nomination as	
•	(Name of Office) funicipal Election to be held on the 8th of November,
3524 Rauron Dr Residence Address	Joson W. Maynard Name as it will appear (~ Pallat
Dockom NC 2713 City, State, Zip	Signature of Candidate
Mailing Address	Home Telephone Work Telephone
City, State, Zip	jason. May mand elections
Certification of	Notice of Candidacy
I hereby certify that JASON. W. MAYNARD	, the candidate who signed above, personally appeared
before me this day and signed his/her signature to the signature to be the same.	e above Notice of Candidacy or acknowledged his/her
This 5 day of Aug, 2005.	
	WOTARY DIRECTOR
Signature of Certifying Officer	Title of Certifying Officer
My commission expires: May 31, 2006	
NOTICE TO CANDIDATES: All Notices of Candidacy, together with the proper f of Elections by NOON on FRIDAY, August 5, 2005, time, and all Notices arriving after that time cannot acceptable.	iling fee, must be in the possession of the County Board to be accepted. This does not mean in the mail at that be accepted. Business, corporate checks or cash are not
Mayor City of Durham	NG FEES
au . a	·············\$122,40
	Use Only
628 \$122.40	246
Check Number and Amount	Receipt Number
Received by	5 Aug 05
1 took vot by	Date Received

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Aug 5, 2005	electiv	2001.00g					
Candidate Information							
Candidate Information			. •				
Candidate Information	Durham, NC 27713						
Fall Name C. Candidate ID Number d. Party Affiliation Mailing Address (include City, State, and Zip Code) e. Office Sought I. Jurisdiction 3534 Rawdon Dr	*					.	0~4302
Mailing Address (include City, State, and Zip Code) 3534 Rawdon Dr City Council ward 2 (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affillation.) 3. Treasurer Information 4. Custodian of Books Information 5. Mailing Address (include City, State, and Zip Code) 5. Assistant Treasurer Information 6. Account Information (Incl. CRO-3500) 6. Account Information (Incl. CRO-3500) 6. Mailing Address (include City, State, and Zip Code) 7. Durant NC 27713 7. Phone Number 8. Assistant Treasurer Information 9. Mailing Address (include City, State, and Zip Code) 7. Durant NC 27713 7. Phone Number 9. Add 2. Financial Institution Fail Name 1. Remove 1. Purpose CERTIFICATION 1. Certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingle		tion	t		ry Commi		
Saudon Dr City Council ward a	Full Name	 ,		. Candidate ID Number		d. Party Attitio	HOB
3534 Rawdon Dr City Council ward 2 Durham, NC 27713 (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) Full Name	my Mast	Mayord					
Comparison	Mailing Address (includ	le City, State, and Zip Code)		. Office Sought			f. Jurisdiction
Treasurer Information 4. Custodian of Books Information 5. Full Name 2. Full Name 2. Full Name 3. Full Name 4. Custodian of Books Information 5. Full Name 5. Mailing Address (include City, State, and Zip Code) 6. Mailing Address (include City, State, and Zip Code) 7. Fhone Number 7. Fhone Number 7. Full Name 7. Full Name 8. Account Information 8. Account Information 9. Full Name 10. Account Information 11. CRO-3500) 12. Add 13. Email Address (include City, State, and Zip Code) 14. Custodian of Books Information 8. Full Name 9. Fund City, State, and Zip Code) 15. Purpose 16. Account Information 16. Account Information 17. Crooks 18. Full Name 19. Full Name 10. Account Information 10. Account Information 10. Account Information 10. Account Information 11. Cro-3500) 12. Add 13. Custodian of Books Information 14. Custodian of Books Information 15. Full Name 16. Email Address 17. Code 18. Fund City, State, and Zip Code) 19. Furpose 19. Furpose 19. Certification 10. Including that no funds are commingled to the City, State, and Zip Code) 19. Furpose	_	. •.		citycou	nci	1	mard 2
A Full Name JASON W. MATACO Mailing Address (include City, State, and Zip Code) B354 Rawdon Dr Dochard, NC 37713 C. Phone Number d. Email Address D. Mailing Address (include City, State, and Zip Code) D. Purpose C. Phone Number d. Email Address C. Code d. Type CERTIFICATION I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingles.	Darham	, N< 27713		(If office sought is nonpartisan, write "Nonpartisan" in [d]		partisan" in [d]	
JOSON W. MATCHES D. Malling Address (include City, State, and Zip Code) D. D		ation					
b. Malling Address (include City, State, and Zip Code) 3534 Rawdon Dr Ducham, NC 37713 c. Phone Number d. Email Address c. Phone Number d. Email Address 99310430	. Full Name			a. Full Name		•	
2534 Rawdon Dr. Ducham NC 27713 c. Phone Number d. Email Address 29316430 Jason Mayrond Relection S. Assistant Treasurer Information Add 6. Account Information (Incl. CRO-3500) Add a. Full Name Remove a. Financial Institution Full Name Remove b. Mailing Address (Include City, State, and Zip Code) b. Purpose c. Phone Number d. Email Address c. Code d. Type CERTIFICATION I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingles	Jason W	Marnard		-		· · · · · · · · · · · · · · · · · · ·	
C. Phone Number d. Email Address c. Phone Number d. Email Address 993160430 Joson Mayrond Relection 500000 5. Assistant Treasurer Information Add 6. Account Information (incl. CRO-3500) Add a. Fill Name Remove a. Financial Institution Fall Name Remove b. Mailing Address (include City, State, and Zip Code) b. Purpose c. Phone Number d. Email Address c. Code d. Type CERTIFICATION I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled.	b. Mallipg Address (inclu	ade City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)			
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91931604300 josson.mayrox de Section 50000 Add				a Bhana Numbur			
5. Assistant Treasurer Information			elsel.		u. galais se		· · · · · · · · · · · · · · · · · · ·
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address c. Code d. Type CERTIFICATION I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingle				6. Account Inform	ation (inci. CRO-3500)	☐ Add
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c. Phone Number d. Email Address c. Code d. Type CERTIFICATION I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingle	h. Mailing Address (include City, State, and Zip Code)		b. Purpose				
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I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingle	c. Phone Number	d. Email Address	•	c. Code	d. Type	· · · · · · · · · · · · · · · · · · ·	
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NC State Board of Elections

CRO-2100A



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

Candidate Name:	Jason W. Marnard
Treasurer Name:	Jason W. marinaco
Treasurer Address:	3524 Randon Dr
(include city, state, & zip)	Durham NK 27713
Treasurer Phone:	919 360 4300
the duties and responsibilit	rmation is correct, and I, as candidate, appoint said treasurer to personally fulfill ies imposed upon the appointed treasurer and subject to the penalties and II. Regulation of Election Campaigns of Chapter 163 of the North Carolina
I understand that if the abo the existing Statement of C	ve Treasurer changes, it will be necessary to certify a new treasurer and amend brganization within 10 days of the vacancy.



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

THED DI.	
Committee Name:	electiason.org
Treasurer Name:	JOSON W. Marrard
Treasurer Address:	3524 Rawdon DC
(include city, state, & zip)	Docham NS 27713
Treasurer Phone:	919-360-4302
election cycle under the pr until the end of the election expenditures during this el	mittee intends to neither receive nor expend more than \$3,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$3,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board ed campaign finance reports.
file the next scheduled rep	y Certification to remain under the \$3000 threshold. I will now be required to ort for all contributions and expenditures that have not been previously reported current election cycle. I further agree to file all future reports required.
85105 Date Signed	Signature
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